

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000387

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 75

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri		c. CITY OR TOWN St. Joseph, Missouri	
Length of stay in lb 9 Mo., 18 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph State Hosp. #2		d. STREET ADDRESS (If outside, give location) Green Acres Home	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First THOMAS Middle DANIEL Last MITCHELL		4. DATE OF DEATH Month January Day 23 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 17, 1878
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 83 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		10b. KIND OF BUSINESS OR INDUSTRY Maintenance	
11. BIRTHPLACE (City and state or country) Wellsville, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Nephew		Address Mr. Thomas M. Kemper-St. Joseph, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line if PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 1 Yr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease		Unknown	
DUE TO (c) Chronic Brain Syndrome due to sen. to brain disease with Psycho. reaction			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome due to sen. to brain disease with Psycho. reaction		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He got out of bed and slipped in his own urine, fracturing his right hip	
20c. TIME OF INJURY 11:15 Hour 11:15 p.m. Month, Day, Year 1-4-1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital Ward		20f. CITY, TOWN, OR LOCATION St. Joseph, Buchanan Missouri	
21. I attended the deceased from Viewed the body , to 8:30 PM and last saw him alive on January 23, 1962 Death occurred at 8:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mary B. Ames, M.D. (Degree or title)		22b. ADDRESS St. Joseph, Mo	
22c. DATE Jan. 25, 1962		22d. DATE SIGNED 1/25/1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23c. LOCATION (City, town, or county) St. Joseph, Missouri		23d. STATE Mo	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 25, 1962	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

(Licensed Embalmers' Statement on Reverse Side)

APR 10 1962
FEB 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond H. Hoov

Licensed Embalmer No. 5147

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.